Lesson 47 - How To Preside Over A Fast

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- Article #1: Injury To Fasters By Dr. Herbert M. Shelton

1. Establishing Your Credentials As An Authority

In the light of the great providence of the wisdom of the body as was so beautifully expressed in Lesson Six of this wonderful course of instruction, it is with great humility and concern that I even accepted the challenge of preparing this lesson. I am proud and delighted that the procedures that we have employed in working with people who have been fasting (at the Life Science Health School, Yorktown, Texas) have been sufficiently correct and constructive as to merit the consideration of the school faculty and staff to offer service in whatever way that is necessary.

We have found that the intelligence and wisdom which is an integral component of the body that is undergoing a fast is, indeed, quite able to handle the situation in a most efficient and awesome manner when we refrain from interfering in any way. We can recall one fast, in particular, in which a guest appeared in our presence more dead than alive. Her breath was coming in "thimbles-full" and the exertion of just trying to breathe seemed almost overwhelming. She had to remain in an upright position to be able to breathe at all when it was obvious that she was completely exhausted and should have been reclining in a restful position. We covered her with a blanket and propped her upright in a recliner with pillows.

Through the grace of God or the creative force or power or by whatever name you may call it and the exercise of what proved to be good judgment, the guest improved. Her improvement was slow and frustrating to those of us on the outside of her body that felt something should be done, and we were guided to do just that—we did nothing. We let the innate providence and wisdom of that frail and debilitated body do "its thing" as we sat by and observed, helping as we could from time to time.

In a matter of five days, the first two of which seemed twice their usual length, the "innate intelligence" within that woman's body completely healed her to the point that she was lying down completely flat upon her bed breathing just as deeply as she had ever been able to do in her life without so much as the slightest indication of apnea or difficult breathing.

1.1 Developing "En Rapport" With Your Guests

To preside over a fast requires many things, all of which are designed to instill faith and confidence within your "guests" that all is going to be uplifting and supportive of life. These guests come into your presence in a fearful state of being, because if they were not fearful for their life, they would not have come to you or the many other practictioners of so-called health before you in the first place.

'One of the greatest things you can do for your guests is to instill a feeling of hope and build a pathway to a faith in themselves to realize that they do, in fact, have within themselves everything that is necessary to bring them safely back to a state of near perfect health and well-being.

Many of your guests will have been in "fasting centers" or "health institutions" of one sort or another before coming to you. You will be "under the gun," so the speak, and your reactions and forthrightness in your responses to their questions, both voiced and implied, will determine how well they respond to your suggestions.

1.2 Your Conduct As An Operator of a Composite Personality

When you have established a condition of "En Rapport" with your guests, you will have formed a composite personality between yourself and your guests. If you have been attentive to their needs and have been responsive to them you will have gained the respect and cooperation of your guests and they will follow your instructions to the very letter. Your guests will thereby gain the greatest amount of good wholesome benefit from their time of fasting under your supervision.

To form this composite personality you will have to get to know your guests in a very personal manner without becoming overly intimate or concerned about their personal affairs, beliefs, and customs. They will share those things with you that they want to share and, as you begin to establish your trustworthiness as a pillar of strength and determination, your guests will begin sharing more and more of themselves with you. This can lead to some rather touchy situations wherein you will be hard pressed to maintain the supervisor-guest relationship to the nth degree, but you must prevail. You are the one who has set yourself up as being the so-called "well" person and the guest is the one who is "sick" or "not with it." You must be part of the solution to their problems as opposed to becoming a part of their problems.

We have found from experience that it is far better to give honest and straightforward answers to the questions you will be asked. If you do not know the answer to your satisfaction, it is far better to simply say you don't know the answer. Tell them you will try to find the answer for them and then make an honest effort to obtain it—one that is satisfactory to both yourself and your guest. None of us knows everything—as Will Rogers is quoted as saying, "We are all ignorant in different things." With the vast amount of knowledge available to the human brain in this day and age, it is no disgrace not to know everything. But you should make a real effort to try to know as much as you can in all subjects relating to Hygiene and Nutrition in their broad sense and application. Bluffing and insincerity are not the hallmark of a dedicated teacher of Hygiene.

1.3 Case Histories and Consultation

Case histories should be as complete and as detailed as necessary to get a good perspective concerning your guests. You need to pry into their affairs as well as you can to determine whether your guest is someone who can benefit from your services. Without their complete cooperation and willingness to turn themselves over to you to get the benefits of your expertise, you are going to be wasting your time as well as that of the guest. When you can find this out early in your program, you will be saving yourself a great deal of trouble and problems. The guest needs to know that fasting is not an easy thing to do, especially one of long duration. He or she should be given some idea of the new and different things that can be experienced, and at the same time, to not be unduly alarmed or frightened at the prospects.

In those cases where there is apprehension or concern, it could be in the best interests of all concerned to feed the guest for a few days while they visit with the other guests who have been fasting to let them learn a little about the effects of the fast. The main point is that you clear the air as much as possible so that the numbers of surprises that the guest experiences through the fast will be minimized.

Upon your acceptance of the guest, you have entered into a contractual agreement more often implied than written but nonetheless a binding contract defensible in a court of law where both parties have their clearly-defined responsibilities.

If for any reason, you feel that your guest doesn't trust you or is uncooperative with you, you will be

well advised to consider not accepting him or her or accepting him or her under certain conditions which should then be clearly spelled out and agreed upon in the form of a written contract. A standard contract format can be made out selling forth the conditions under which you have agreed to work with the guest. This prevents the situation at some later date of "I thought you said I'm a no good so and so." All you have to do then is refer to the contract.

1.4 Procedures, Regulations and Rules (General)

These types of things (contracts, case histories, etc.) can be prepared in advance and kept on file. After you have accepted the guest following your consultation, you can hand him/her copies of the little packet of "dos and don'ts" so that he/she can immediately begin adjusting thinking to the kind of things you want him/her to consider as long as with you and under your supervision and guidance. These contracts need not be lengthy, cumbersome, or difficult of implementation. You should always operate on the KISS (Keep It Simple Stupid) principle, and then you are not later embarrassed by saying something that is obviously uninforcable or redundant.

2. The Actual Conduct Of The Fast

2.1 Pre-Fasting Considerations

Many times you will find that the guests have had a long history of constipation or perhaps other troubles with the bowels that make regular bowel movements unpleasant and as a result are not indulged until absolutely necessary. When you encounter this sort of a situation, you should consider placing that guest on a pre-fasting dietary of nothing but fresh fruits high in water content for a period of two, three, four, or maybe five days before commencing the fast. Usually this guest will have had at least one and perhaps more bowel movements over this period of time. When some sort of a near normal bowel pattern has been established, then the actual fast can be initiated.

When you are mailing out your follow-up letters after receiving some notice of a guest's intentions of coming to you for a fasting situation, suggest that if he or she is or has been having troubles with his/her bowels or elimination, he or she should eat nothing but fresh ripe raw fruits with a high water content for at least a week before arrival in your center or fasting establishment.

The intent of the pre-fast dietary is to nave established a near normal bowel function to minimize the blockage of the bowels when alimentation is resumed at the end of the fast.

2.2 Fasting Considerations

By now you will have established a working relationship with your guest (or have dismissed him or her as someone whom you would rather not work with) and are ready to consider the starting of the fast itself. During the first few days of the fast, you are going to have many opportunities to get to know your guest even better as you continue to work together. You should immediately begin to emphasize the various things that the guest will begin experiencing in the beginning of the fast. Headaches (or other types of withdrawal symptoms) will be quite common with most of your guests, and they should be allayed as soon as possible.

As the guest moves into the fast with each passing day they need to be encouraged to do nothing but rest

without any form of exercise or attempt of any kind to get up a bit and walk around "to keep the strength up," etc. You want him or her to want only to rest. It is when he or she has arrived at this state that the body is able to really begin its' housecleaning operation without hinderence or interference. The real true measure of housecleaning at its very best! When the guest holds on to that idea of reserving energy every day to get up and move around to keep the strength up, that energy is being withheld from the housecleaning procedure. The brain or computer is then in the position of being able to divert all of the efforts to the one job of cleaning out the debris that has been accumulating over the years.

When the housecleaning is finished, the body will again direct the energy back in the muscles and other functions as discussed later in this lesson. It is very important that you have responsible answers ready for your guest's many questions that will be forthcoming at those times when they are experiencing strange and bizarre feelings and symptoms. Your guest can easily become very apprehensive and concerned unless you have good answers and reactions to questions. The actions you take and the reactions you make to the guest's many ploys, whether fancied or real, will have a direct bearing upon his or her cooperation and willingness to follow your directions.

You have to remember that you are the "operator," the "thinker," the "originator" of the thoughts and actions that are being carried out in the "subject," the "doer," the "guest." The guests are very dependent upon you for their guidance and directions so long as the composite personality is maintained. When you lose that relationship, if it is destroyed in any manner, you the "operator" have lost the confidence of your "subject." This can be a devastating experience for the guest, because you have left him or her without guidance at a time when not thinking clearly. This is where self-mastery, control, and poise are necessary. These stem from knowledge, understanding, and a feeling of empathy for your guest and his/her problems. If your dedication to the cause of Hygiene and its wonderful results is not there, you can expect some rough sailing on the seas of public relations with storms aplenty in the forms of unhappy and troublesome encounters with lawyers, courts, and just plain irate former guests. If, on the other hand, you have demonstrated your forthrightness in dealing with the overall situation, you can expect rather smooth sailing with only an occasional storm of any consequence.

As your guest progresses in the fast, certain things must be given due thought and consideration. You very closely observe the guest's progress. If he or she is detoxifying in the usual manner after several days of fasting and resting, all is going well. The actual number of days required to last before the housecleaning is finished will depend pretty much upon the amount of adipose tissue that is available to be used as fuel during the fast. If the guest is well endowed with fuel reserves (obese), many more days will be required to attain the level of a guest less well endowed. In either case, the guest will remain in a state of relative weakness so long as the housecleaning is going on. If the fast must be broken ahead of time, that is before the housecleaning is finished, time must be allowed for the guest to gradually begin eating and making the necessary adjustments to post-fast eating allowing sufficient time for the body lo make its necessary adaptations.

Ideally, the guests should be able to arrange their schedules so that they can "fast to completion" or until the housecleaning is finished. On the other hand, there are many things that come into the picture that may mitigate against such an arrangement, in which case, adaptations will have to be resorted to that are in the best interests of the guest.

When the guest is able to "fast to completion," the energies that have been used in the actual processes of housecleaning will no longer be needed for those purposes and will be released. The brain, sensing all of the things that are taking place in the guest's body, will then start shifting energies back into the muscles and the skeletal system of the body. The guest will then begin to feel a new sense of strength and energy returning. The guest will then experience a desire to evacuate the bowels, and the arms and legs will become stronger. At this point in time, it is well to understand and to caution the guest that while he/she may actually feel a surge of strength returning to various parts of the body, it is of very short endurance or for very short lengths of time because there is no reserve to replenish it as it is used up. Many times this strength will be completely used up in a simple little trip to the bathroom or during any type of light exertion. A faster needs to realize his/her actual condition and not overtax him or

herself at that particularly critical time in the fast.

As time progresses, the tongue will begin to clear, the breath and mouth will sweeten, and that nasty taste in the mouth will have changed into one of salivation and the dissolution of the phlegm and mucus of the mouth and respiratory passages. The guest is then ready to be considered for breakfast (breaking of the fast). It need not be broken on that particular day but should be done within the next two to three days when everything has pretty well settled down and the body is really ready for food.

When actually ready for food, the throat and sublingual glands will signal the desire for food, and then it is time to break the last—at the discretion of the supervisor in consultation with the guest.

2.3 Monitoring the Faster

All during the fast, it is a good idea to keep daily checks on the progress of the fast and its effect upon the guest. Each of you will be interested in various aspects of this procedure, but there are certain things that should be considered by all supervisors in the conduct of the fast. Among those things are notations of the guest's weight, blood pressure, pulse, temperature, urine color, bowel activity, if any, and how the guest is feeling along with your comments and observations of what you are seeing objectively along with the guest's subjective responses to your questions.

As you gain experience in these areas, you will soon find that what are considered to be standards among the usual and accepted standards of the medical establishment are above the standards of healthy people. Blood pressures of 100-110 over 60-55 are not at all uncommon in healthy people. Pulse rates of 50 to 60 are quite normal for guests in mid-life.

Another important item is the be ever alert to the possibility of your guest not taking enough water which can lead to a state of dehydration. He or she needs to be encouraged to drink water every time the urge is there. If that means providing fasters with warmed distilled water to increase its potability, by all means give it to them that way and encourage them to drink water every time they feel thirsty and to not put it off for any reason.

Some signs that your guest is not drinking sufficient water could include: scanty urine or a highly-concentrated nature; a sallow, light, loose skin that does not have the usual elasticity when lightly pinched and released (sort of sticks together); increasing pulse rate; lowering of blood pressure; lethargic or listless countenance and attitude—a detached or "not with it" response; and possible other signs.

If you note any of these things, start questioning your guest and observe closely the amount of water taken from his/her water dispenser. Don't wait for most of the signs to appear to start making your inquiries, perhaps the water is becoming intolerable to your guest and you may need to add a few drops of fresh lemon juice to enhance its taste.

In the course of monitoring your guests, you may have occasion to have questions concerning some of the readings or indications. It may help to get on the telephone and talk with a friend—anyone that you know who has some experience in these matters. Your peace of mind will be greatly enhanced. Reference to the section following "Generalities" regarding the slowing down of a fast can also have meaning for you.

2.4 Post-Fast Dietary

In breaking a fast of longer duration than three days, consideration should be given to the best methods for breaking the fast (see Lesson Forty-eight following) in the best interests of that particular guest. Many things need be considered in making these determinations. Some of these will include the age of the guest, the goals of the guest, the length of time he or she has fasted, the amount of toxic materials that have been eliminated, the stability of the guest from a physical as well as psychological point of view, and the state of rapport that currently exists between you and your guest (sometimes it is best to comply with your guest to salvage as much of a deteriorating relationship as is possible).

Following a fast of 15 days or longer, the post-fast dietary becomes more important with the passage of time in the fast. When a person has fasted that long or "to completion," his or her intestinal flora will have been largely depleted and require a little time to be regained after the realimentation period. An ounce or 28 grams of food may not appeal to the appetite of that particular person who is breaking the fast. This person needs to be encouraged to eat it as gently and easily as possible to reactivate his or her digestive system. Usually by the time he or she has had the second or third ounce (28 grams) of food he or she will begin to have an appetite. By that time, the intestinal bacteria have proliferated and have become active in their own right. The appetite of the guest then picks up gradually, and you can begin giving them slightly larger amounts of food so that by the second day he or she should be able to handle an orange every two hours or perhaps 100 grams (slightly less than four ounces) of grapes or of watermelon. When watermelon is in season and available, I personally think it is one of the finest foods available on which to break a fast.

It seems that from a consensus of opinion that a fast should be broken in the morning so that six meals can be taken—one every two hours between 8 a.m. and 6 p.m. to get the alimentary system working at its optimum capacity. There may be times and circumstances when it will be necessary to break a fast on something other than fresh ripe raw fruits but those occasions should be rare and only where absolutely necessary for some valid reason.

3. Procedures Incidential To The Successful Fast

The conditions alluded to in the preceding materials are idealistic and seldom actually happen in such simplistic forms. Sometimes conditions develop during a fast where the guest will be experiencing unusual amounts of toxic release which may have to be slowed down to some extent. If the fast is causing so much toxic material to be eliminated that the body is unable to eliminate it as fast as it is being released through the usual channels of elimination (i.e., kidneys, respiration, perspiration, and the bowels) and does not resort to any of the vicarious avenues of elimination, the blood will become so toxic that the guest may lose contact with reality (become slightly disturbed or insane). That is because of excessive amounts of toxic materials in the blood that are flowing throughout the body and through the brain in the bloodstream creating an uncontrolled physical situation that is both undesirable and unnecessary. When that condition begins to manifest, it has been found to be a wise precaution to break the fast for a day or two on a fruit that is high in water content such as watermelon, grapes, or oranges and then resume the fast when the situation is back under control. This is one of the main reasons why it is so important that the guest have some appreciation of a few of the things that can happen to them while undergoing a fast.

Actually the above-mentioned toxic condition is that which most people in mental institutions suffer from. None of the people who are responsible for their care and treatment are aware of the cause of their problems, and as a result, nothing constructive is being done for them.

3.1 Be Alert to Guests' Needs—Physical and Mental

Another consideration of concern when all of the vital signs are within the normal range of variation, is to guard against apprehensions and fears that may be instilled in the minds of your guests by any of your other guests who speak of experiences they've had in various so-called fasting institutions. Many times they will relate their experiences in such a way as to create an illusion of pain, discomfort, or some other danger to the unsuspecting guest. This is another reason why you should pay close attention to your

guests' questions and attitudes so that you can head off those things before they actually become problems (during your informative talks for example).

Also, you will occasionally encounter a guest that seems to have a lot of savvy, has read all of Dr. Shelton's books, and thinks he or she knows exactly what to do and when to break the fast. Usually it is a case where there is little knowledge, and it becomes a dangerous thing. This is especially so in the hands of an inexperienced individual. This is when your orientation talks (information talks) given every day (to those of your guests that feel up to attending them) can be a wonderful tool for de-fuzzing these potentially dangerous situations.

3.2 Educational Talks Given to Guests

Some general observations and suggestions include informative talks on a regular basis so that they become habitual. These talks should be very simple and direct on such subjects as disease; fasting; the 19 components of nutrition; the basic food categories; some discussion of vitamins, minerals, and enzymes; and an exposure to the providence and wisdom of the body. When that has been done, then the cycle should be repeated. Many of the long-term fasters will have an opportunity to hear the talks two or three times. They will not hear them too often, however, because during their fast they are very weak and many of them will not attend the talks until they feel stronger.

Repetition is good, and it takes a lot of it to get even the simplist ideas across. Look at how many times you had to repeat the multiplication tables to get them into your consciousness. The same holds true here. Your talks should be given from a minimum of notes or props so they contain as much spontaneity as possible, and try to avoid the planned or canned type of classroom presentation. Talks should be informal, informative, and as humorous as possible. They should never be longer than 60 minutes and preferably not over 50 minutes because your guests will be in various stages of fasting and eating. They may be readjusting to an eating schedule and will be unable to maintain a very long span of attention to the materials being presented. The fasters who are in attendance have, or at least may have, an even shorter attention span. The talks should be in the simplest language you are able to command, reserving your intellectual prowess for the more argumentative and dissident members of society who seem to look with great respect and awe at the speaker who can keep them spellbound with meaningless, but high-sounding phrases and innuendos.

Your guests will be people from all walks of life with educational backgrounds that vary just as much as they themselves vary as they are progressing through the various stages or phases of the fast and the recovery or rehabilitation program following the fast. Your talks must be geared to that type (variety) of an audience. You will have ample opportunity to express yourself more fluently as you are called upon to give talks before various church groups, fraternal, and social organizations along with various service clubs and others who are looking for an informative speaker—an innovative speaker who has a different story to tell than the one they heard at another meeting they have attended. That is YOU.

We have found that when we teach our guests new information and then tell and retell them this information time and time again, they begin to get the point. You will not, and cannot, make Hygienists of them during your attempts to educate them. The only thing you can ever hope to do is to instill the desire to learn more about the program after they get into it and begin to feel better. The guests will gradually start thinking as their health improves, and they are going to become more interested in the program if you have done a good job of selling them on its basics. It is just like any other program of learning in this sense.

This same rationale and reasoning applies in the case of your guests and the knowledge you may be privileged to impart to them. Most of them are ready to absorb the simpler forms of knowledge you will be able to provide them but will not be ready for the higher aspects of the program until they've had a chance to chew on and digest the basics first. And, for that matter, there is little or no need for them to know more than that unless they are motivated to learn and teach the program to others.

3.3 Give Guidance and Direction to Your Guests

Some other considerations to think about as you are working with your guests include the knowledge that no two fasts are the same. Explain to them that no two guests will have the same reactions and results from a similar fasting situation nor will a guest will have the same reactions and results from a similar fasting situation nor will a guest experience the same kind of a fast the next time he or she fasts. The reasons for this should be obvious, but to review our thinking a little we can suggest that no two objects occupy a single point in time and space so they are starting from different points. Some higher, some lower, some further to the right and some further to the left, etc. And the one individual that has previously fasted is not starting his or her second fast from the same particular point in time or space as the first fast, not even when he or she deliberately tries to do so. Your guests should be advised along these lines of thinking so they can understand what is happening to them when different experiences begin manifesting in this, their most recent fast.

Many of your guests will come to you with a mania or fetish concerning bowel action or the lack thereof. They may be wanting to use laxatives and a series of colonics and all of that kind of garbage. You have to be alert to these things. These guests may even have enema bags in their suitcases to use just in case you will not provide these things for them, and they will use them too until they learn better.

Your guests are looking to you for guidance and direction all during the fast and as long as you are providing that direction and guidance for them, they will follow your suggestions to the best of their ability. You must at every opportunity give them reassurances that there are no dangers involved in the usual fasting situation.

Many of your guests will have lost many pounds of weight and will begin to start worrying about this weight loss. It's necessary to reassure them that they do not need to worry themselves about their weight loss which will normalize shortly after they have returned to eating their regular meals—if they are living Hygienically. Sometimes this takes a bit of doing, especially with any of your guests who lean toward vanity as opposed to the healthy aspects of life. A little reassurance is usually all that is needed. On the other hand, it is important to explain to them that their weight is not going to come back immediately after breaking a long fast. As a matter of fact, it will come back rather slowly at first because their bodies are using just about all of the nutrients that are being provided for energy alone, and it is only when the input of energy in the form of raw materials exceeds the utilization that any weight comes back. So in those who have fasted to completion many times, it takes three to six months to gain their weight back. It is a matter of balance between energy utilization and energy supplied. We have to increase the energy input and increase the exercises just enough to strengthen the body, but not so much to use up all of the reserves that are being introduced into the dietary. If the guest doesn't exercise good judgment in the balance between weight gain and exercise, he will be in for a long siege of thinness.

3.4 Breaking Your Guests' Fasts

The breaking of a fast can be as important as the actual fast itself and must be observed rather critically. In many of your older guests who have had a history of constipation or other bowel irregularities such as hemorrhoids, polyps, or fissures, there will be a tendency for the bowels to be sluggish. If the bowels are not evacuated naturally by the end of the fifth day after the guest has broken the fast, you will need to observe him or her closely. If he or she suggests to you that he/she feels like having a bowel movement but finds it difficult or is having no results, then you should offer reassurance. Explain to them that their systems will normalize if they remain on the Hygienic program and exercise regularly. (I will not attempt to go into detail on the breaking of the fast as the next lesson will cover it precisely.)

3.5 How Long Should Your Guests Stay

Ideally, your guest should plan to stay with you and learn how to eat properly as you continue to look after his or her well-being, as you teach the various ways of combining foods Hygienically. The guest

should plan to stay with you and accept your guidance for at least 2/3 of the time of the fast beyond the fast and the equal of that time would be even better. If the guest fasts for 14 days, they should stay with you at least 10 days and ideally 14 days after breaking the fast.

Another thing that is particularly helpful to those of your guests that can handle the situation is for them to observe various combinations of foods being served to those of the guests who have resumed eating while they themselves are still fasting. For some, this becomes overwhelming and they are not able to do it without great distress whereas with others it presents no problem at all.

3.6 General Information Worthy of Consideration

Your primary concern and intent should be in trying to make your guests comfortable and carefree during the course of their stay with you. There are a lot of little things that come to mind that can be of considerable comfort and solace to many of your guests, especially during some of their more tedious moments during the fast. These can include, but are not limited to the following items. You will think of others from time to time that you will want to share with your guests and other practitioners. There are times when a hot water bottle filled with hot water can be very comforting to the cold feet or the cold back. They can also do wonders in helping to relax the tense solar plexus (see definition). This application of heat to the area relaxes the musculature and allows the nerves to become much less constricted and bound up so that nerve energy is exchanged more freely.

The warming and serving of distilled water in thermos types of dispensers is many limes very comforting to the guest. Especially the first drink of water in the morning, and most particularly to that guest who has a habit of drinking something warm upon awakening in the morning. It doesn't have to be hot, simply warmed to about 120 degrees Fahrenheit, slightly warmer than the body.

3.7 Helpful Suggestions For Dealing With Your Guests

In the prolonged fast, distilled water seems to lose its appeal to some of the guests and it can be enhanced greatly by the addition of a few drops of lemon juice as it is warmed as above.

Night lights strategically located around the structure aide considerably in helping the somewhat disoriented guest find their way around at night.

Emergency procedures for obtaining help, especially during the night need to be worked out so as to provide a practical means of making guests wishes known to the staff.

Quiet hours during the day and after a reasonable hour at night can do a lot to add to the comfort of the guests and especially to those who are still fasting.

In your contacts with your guests prior to their arrival after you have made your initial contact with them you should provide them with as much information as you can concerning the types of things to bring along for wearing, recording talks, and listening to music and others that come to mind.

Television and radio should be limited as necessary to prevent their enervating effects upon guests, both themselves and others.

The golden rule applies both to the guests and their interactions between themselves and between the guests and your staff.

Your actual responsibility for your guests will end when they depart from your direct sphere of influence or control but you will want to encourage them to keep in touch with you and keep the communication lines open both ways. You will want to hear about their successes as well as the questions after they begin to live hygienically in their home surroundings. And most importantly you will want to hear about all of their friends and relatives that have been influenced by them after they returned home from their successful fasting experience with you and your effective and efficient staff. Because of this, prior guests may also want to come and spend some time with you to enhance their lifestyles and incidentally

improve their health.

4. Questions & Answers

What signs and symptoms do you watch for that would indicate that you should breakfast?

> Any of the usual signs of dehydration such as the drying of the skin, profuse sweating, lowering of blood pressure, lethargy, water not being consumed, increase in pulse rate, sudden extreme weakness and/or arrythmias, confusion, disorientation and/or anxiety neurosis.

How do you handle the family of a guest, all of whom are opposed to the methods and procedures used in conducting a supervised fast?

> It is a matter of education—if you have the time necessary to educate them, they will usually cooperate. If not, you have to place the monkey on their backs and let them know that they will have been responsible for the life and welfare of the person whom they have dissuaded from fasting. After all, fasting is the best way of detoxifying the body that is available to humankind. They will have deprived the person of a chance to do the thing that is needed, often desperately. More often than not the guest has already been exposed to the medical shenanigans which were of no avail and can be pointed out to the family members. Also, you can reassure them that, if for some reason the guest does not respond to the fast, they can always resort to the other methods that they have so much faith in. If the guest is to fast, it is important that he or she be isolated and insulated from the haranguing and enervating pleas of concerned family members.

How would you handle a situation where the guest suffers from angina pectoris and is on nitroglycerine?

> Angina pains are usually the result of exertion in some form or another and rest usually helps to correct the painful situation, without the use of modalities. If the guest can be reassured that all will be well and not become concerned with the various crises of elimination as being detrimental phenomena, all will go well with the guest. Every such situation will have its own particular set of circumstances that will have to be taken into consideration.

How do you determine if the particular disease of a guest is irreversible and how do you explain it to the concerned guest?

> When the situation seems to be quite irreversible, it is best to let the guest know that while it is quite probable that health in general will be enhanced as the result of tasting, there will in all likelihood be no more than slight improvement in the areas of damage or pathology that have been experienced. Any improvement in the body as a whole is going to take the load off of the deranged and impaired part or function and the overall effect is going to be one of improvement.

What about the desirability of having a person on hand who is trained in mouth-to-mouth resuscitation and CPR (Cardio-pulmonary-resuscitation)?

> There are always needs for people with emergency procedures expertise in any situation

whether it be at a fasting institution or anywhere else. It is something that all of the staff of a fasting institution should have some expertise in but is not essential to have one on the staff. The probabilities of requiring those kinds of services in a fasting center are no greater than in any other location and are probably even less under most circumstances. A person who is resting as they should while undergoing a fast is seldom exposed to situation that would cause them to need the services of anyone skilled in those procedures.

Article #1: Injury To Fasters by Dr. Herbert M. Shelton

A man writes me about coming to the Health School. He says he wants to bring his wife with him. Then he adds, "'I am not certain whether she would care to be treated as her health is reasonably good, although there are conditions that should be taken care of. However, she was most unfavorably impressed with the methods employed in fasting at *Blank's Institute* at *Utopia* when I was there six years ago, and I might add that I was well. I cannot recall a single case that seemed to improve by means of fasting and there were patients there at the same time who had been at it for three months and over. Maybe your system is different than *Blank's* was, and I wish you would explain just what you mean by rational fasting."

What is a fast? It is entire abstinence from all food with the taking of one's water and air. It is not a juice diet nor any other restricted diet. Little driblet meals, as Dr. Page so appropriately pointed out, is not fasting. A fast, then, is a fast, no matter where it is undertaken; no matter who conducts it.

But there are innumberable conditions under which a fast may be taken and these determine results. A fast is physiological rest. But physiological rest is not possible under conditions of stimulation, even though one is fasting. In most institutions where fasting is employed, the fast is accompanied by so many enervating treatments that the effects of the fast are nullified.

To require of a fasting patient that he arise in the morning and go to the treatment room for a round of stimulating monkeywork is to enervate the patient and prevent the fast from resulting in an increased elimination of toxins. Massage, adjustments, manipulations of various kinds, electrical treatments, sweat baths, cold baths, sprays, the Blitz Gus, sitz baths, electrical blankets, laxatives, frequent enemas, and a host of other enervating practices prevent the faster from realizing the full benefit of his physiological rest. Only those practitioners who fully understand the role of these methods of treatment are in a position to take rational care of the faster.

The faster should have quiet, rest, and relaxation. Stimulation, excitement, and a lot of activity all produce further enervation and place an added check upon elimination. The faster should be kept warm in order to conserve his energies. Cold baths, cold douches, cold applications, etc., dissipate his energies. The faster who rests also loses less weight in a fast of the same length than the one who is active. This means that the resting faster is in a better physical state at the end of the fast. Also, conserving his food reserves enables him to fast longer if there is need for a longer fast.

The purpose of the fast is not to see how long a man can go without food, nor how thin he can be made, nor how weak he can become without danger to life, but to promote elimination and tissue repair. Every new source of enervation to which he is subjected during the fast helps to retard the attainment of these ends. We should dispense with, either the fast or the treatments, when caring for the sick, as these procedures are incompatible.

Along with the fast, which, as stated, is physiological rest, should go physical, mental and sensory rest. Rest is the opposite of stimulation. All stimulating measures prevent rest. Let no one suppose from this that sedative measures are restful. These are as expensive of nervous energy as the stimulating measures. Treatments of no kind are valuable while fasting, even should we grant their value under other conditions and circumstances.

In the early days of my professional career, I worked a few months in a sanitarium near Chicago that employed fasting in the care of practically every patient that came to the institution. These patients were roused out of bed early in the morning and put through their "course of sprouts." Three mornings a week, I gave each man a massage, followed by a sweat bath and then a cold splash over the whole body, but especially along the spinal column. Three mornings a week, they received electrical treatments followed by alternate hot and cold sitz baths. About eleven o'clock the whole crew of them were lined up on the lawn and put through a series of strenuous exercises. Three afternoons a week I gave them electrical treatments of a different character to those given in the mornings. In addition to this, some of them were given chiropractic adjustments and others were given a thorough streching on a traction table. All of them were given daily enemas. The rest of the day they spent walking around or sitting and lying around on the sanitarium grounds. They received a daily sunbath.

Many of these patients made remarkable improvement in their conditions despite the great amount of enervating monkey work to which they were subjected, but many of them made no progress at all. With some of those who progressed, their progress was short lived and then they began to slip back.

A few months later I accepted a position with a sanitarium in up-state New York. Here little fasting was employed, but treatment was given in greater abundance. We had a large hydrotherapy department in this place and much more electrotherapeutic machinery than at the first place. We really "gave them the works" in a very scientific manner at this place. The head of this institution was a very up-to-the-minute physician who had practiced medicine for 25 years and who knew about all there was to be known. In fact, he had quite a reputation among the medical men of the state as a specialist in nervous diseases. I never knew just what he was supposed to specialize in, but I became convinced that he specialized in producing nervous diseases.

I had ample opportunity to watch the enervating effects of these forms of treatment when applied to patients who were not fasting. I saw them, alter a few days treatment, become so weak they were forced to stay in bed. After a few days of rest they were able to get up and get around again. Then a few more days of treatment and they were back in bed. Not all of them went through such cycles of in-the-bed, out-of-the-bed performances, but those who were not forced to go to bed, showed their enervation nonetheless.

Later I took a position with a sanitarium further up state in New York. Here we had under care an ex-baseball manager. He was partially paralyzed in his left lower limb, so that he could only drag it along in walking and had to walk with a cane. I noticed that as his treatment proceeded his walking became worse. When he would come in for treatment (he was not in the institution, but lived in the city and came in three times a week for treatment), he walked very badly. He would be given electrical treatment and would walk out much better. In spite of this apparent benefit or more correctly, because of this apparent but not real benefit, he gradually grew worse. Then business carried him away for three weeks, during which time he received no treatment. Upon his return, he was walking much better. He resumed treatment and began to grow worse immediately.

I could greatly multiply these kinds of experiences. I could tell you of many such observations. They are the regular feature of the work in all institutions devoted to treating the sick. Every doctor of whatever school sees them daily. He simply closes his eyes to them or interprets them in some manner satisfactory to his mind and continues his enervating treatment of his patients.

Early in my career I learned of the evils of the many and varied forms of treatment that are employed and as I became convinced that a given method of treatment was enervating, I discontinued it. Result: I have eliminated all enervating palliatives from my work. I see not logic or reason in enervating a man

because he is sick. He must first be enervated before he can become sick. How is he to get well if he is further enervated?

I know men who condemn fasting because of certain undesirable results which they say it produces. But I do not see these results coming from fasting. I do see these results coming from the treatment commonly employed while the fast is in progress. I see them also in patients who are fed and not fasted while they are being treated. I am certain that these results come from the enervating effects of the treatment and not from fasting. Fasting, rationally conducted, does not give rise to such results. Anyone may test this for himself by fasting under proper conditions *sans* the treatment.